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UTILITY PATENT APPLICATION TRANSMITTAL Of (Only for new nonprovisional applications under 37 CFR 1.53(b))

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Attomey Docket No.	03560.015786.1	Д	96	
First Name	d Inventor or Application Identifier	S	39	ŀ
TSUTOMU HONMA ET AL	•	2	/60	ŀ
Express Mail Label No.		730	10	l

APPLICATION ELEMENTS Mail Stop Patent Application					
See MPEP chapter 600 concerning utility patent application contents.		ADDRESS TO: Commissioner for Patents			
200 2. Grapto. God Genedian. g dumy patient approaches contonio.				P.O. Box	1450 a, VA 22313-1450
Foo Transmittel Form				Alexandria	a, VA 22313-1430
Fee Transmittal Form (Submit an original, and a duplicate for fee processed in the control of the cont	rocessing)	7	CD-ROM or Program (A)	•	e, large table or Computer
2. Applicant claims small entity status. See 37 CFR 1.27.	ity status. 8. X Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)		Sequence Submission		
3. X Specification Total Pa	ges 166		` —	computer Readable	e Form (CRF)
4. X Drawing(s) (35 USC 113) Total Sh	eets 7			ation Sequence Lis	_
5. X Oath or Declaration Total Pa	ges 2			paper	
a. Newly executed (original or o	сору)				g identity of above copies
	. (07 OED 4 004 ""		ACCOM	PANYING APPLIC	CATION PARTS
b. X Copy from a prior application (for continuation/divisional with		9.	Assignment I	Papers (cover sheet	& document(s))
i. <u>DELETION OF IN'</u> Signed Statement a		10.		(b) Statement is an assignee)	Power of Attorney
	the prior application, see	11.	English Trai	nslation Documen	t (if applicable)
6. X Application Data Sheet. See 37 CFR	1.76	12. X	Information Statement (Disclosure IDS)/PTO-1449	X Copies of IDS Citations
•		13.	Preliminary	Amendment	
		14. X		eipt Postcard (MPI specifically itemize	
		15.		ppy of Priority Docuriority is claimed)	ument(s)
		16.		Torry to orallinous	
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17. If a CONTINUING APPLICATION, check ap	propriate box and supply	the requisite	information:		
Continuation X Divisional Prior application information: Examiner K.	a	-in-part (CIP oup/Art Unit: _		lication No. <u>09 / 9</u>	51,720
For CONTINUATION OR DIVISIONAL APPS only: To considered a part of the disclosure of the accompany	ing continuation or divisiona	l application a	and is hereby in		• •
be relied upon when a portion has been inadvertently	omitted from the submitted	application pa	arts.		
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	18. CORRESPON		KESS		
X Customer Number or Bar Code Label (Insert Customer No. or Attach bar code label here) or Correspondence address below					
NAME					
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CLAIMS	(1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) CALCULATIONS
	TOTAL CLAIMS (37 CFR 1.16(c))	40-20 =	20	X \$ 18.00 =	\$ 360.00
	INDEPENDENT CLAIMS (37 CFR 1.16(b))	1-3 =	0	X \$ 84.00 =	\$ 0.00
	MULTIPLE DEPENDENT	T CLAIMS (if applicable) (37	CFR 1.16(d))	\$280.00 =	\$ 0.00
				BASIC FEE (37 CFR 1.16(a))	\$750.00
			Total of	above Calculations =	\$ 1,110.00
	Reduction by	50% for filing by small er	ntity (Note 37 CFR 1.9,	1.27, 1.28).	
W. Th					\$ 1,110.00
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED				
NAME	Jason M. Okun, Registeration No. 48,512			
SIGNATURE	Dason M. Olim			
DATE	June 25, 2003			

Form #125

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